

ADDITIONAL CHILD RECORDS REVIEW
FOR SPECIALIZED FOSTER CARE HOMES

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Any item shown as "X", OR "NO" shall be documented on the Licensing Report (LIC 809) with a plan of correction date. File this form in the facility file.

FACILITY NAME			LICENSE REPORT (LIC 809) DATE				
FACILITY NUMBER			TYPE OF VISIT		<input type="checkbox"/> EVALUATION <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> COMPLAINT		
ALL FACILITIES					FACILITIES WITH MORE THAN 2 CHILDREN		
REFERENCE NUMBER ★	CHILD'S NAME	SHCNC	SHCNC HAS AN INDIVIDUALIZED HEALTHCARE PLAN	CERTIFICATION FOR EACH CHILD: NEEDS CAN BE MET **	CERTIFICATION NO OTHER PLACEMENT AVAILABLE	TEAM WAIVER FOR EACH SHCNC	AT LEAST ONE REGIONAL CENTER PLACEMENT IN SMALL FAMILY HOME WITH OVER 3 CHILDREN <input type="checkbox"/> YES <input type="checkbox"/> NO
	1st Child accepted						
	2nd Child accepted						
COMMENTS							
LICENSING EVALUATOR SIGNATURE					DATE		

★ REFERENCE NUMBER CORRESPONDS TO NUMBER USED TO IDENTIFY CLIENT/RESIDENT ON THE FIELD VISIT REPORT

★★ NEEDS AND SERVICES PLAN STATE THAT NEEDS OF CHILD CAN BE MET BY THE FACILITY.

LIC 858A (7/00)